

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE

DELGADO ROMERO, WILLIAM

Debtor

CASE NO. 04-12278 SEK

CHAPTER 13

**NOTICE OF FILING OF
AMENDED VOLUNTARY PETITION**

TO THE HONORABLE COURT:

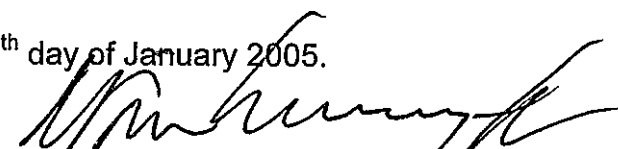
COMES NOW debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays:

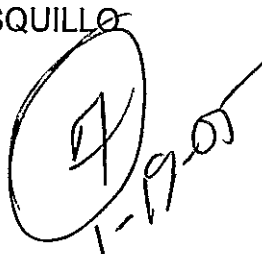
1. Due to an involuntary clerical error, debtor's name was incorrectly informed in original Petition.
2. Debtor's name is WILLIAM DELGADO ROMERO, not William Delgado Ramos. Attached to this motion, debtor respectfully submits Amended Voluntary Petition, which reflects debtor's correct name.

I HEREBY CERTIFY that on this same date a copy of this motion was sent via regular mail to the Chapter 13 Trustee, Mr. Alejandro Oliveras Rivera, Esq., PO Box 9024062, San Juan, PR 00902-4062; and to Mr. William Delgado Romero, PO Box 3079, Juncos, PR 00777-6079; and to all interested parties appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico, this 14th day of January 2005.


ROBERTO FIGUEROA CARRASQUILLO
USDC #203614
PO BOX 186
CAGUAS PR 00726-0816
TEL NO. (787) 744-7699
FAX NO. (787) 746-5294



(Official Form 1) (12/03)


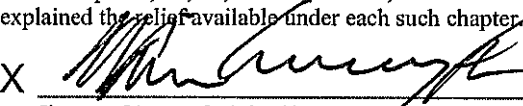
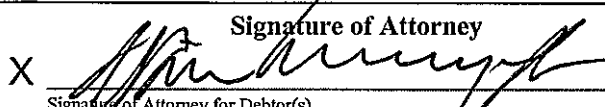
04-12278 SEK

FORM B1 United States Bankruptcy Court District of Puerto Rico		Amended Voluntary Petition																
Name of Debtor (if individual, enter Last, First, Middle): Delgado Romero, William		Name of Joint Debtor (Spouse) (Last, First, Middle):																
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): 6819		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):																
Street Address of Debtor (No. & Street, City, State & Zip Code): Urb. Reparto Valenciano J9 Calle B Juncos, PR 00777-2913		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																
County of Residence or of the Principal Place of Business: Juncos		County of Residence or of the Principal Place of Business:																
Mailing Address of Debtor (if different from street address): PO Box 3079 Juncos, PR 00777-6079		Mailing Address of Joint Debtor (if different from street address):																
Location of Principal Assets of Business Debtor (if different from street address above):																		
Information Regarding the Debtor (Check the Applicable Boxes)																		
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																		
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business		Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)		THIS SPACE IS FOR COURT USE ONLY																
Statistical/Administrative Information (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																		
Estimated Number of Creditors <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">1-15</td> <td style="text-align: center;">16-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-999</td> <td style="text-align: center;">1000-over</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Estimated Assets <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">More than \$100 million</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
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(Official Form 1) (12/03)

04-12278 SEK

FORM B1, Page 2

Amended Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Delgado Romero, William	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X  Signature of Debtor William Delgado Romero X _____ Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) January 13, 2005 Date		Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X  Signature of Attorney for Debtor(s) 1/13/05 Date	
Signature of Attorney X  Signature of Attorney for Debtor(s) ROBERTO FIGUEROA CARRASQUILLO 203614 Printed Name of Attorney for Debtor(s) R. FIGUEROA CARRASQUILLO ATTORNEY AT LAW Firm Name PO BOX 186 Address CAGUAS, PR 00726-0186 (787) 744-7699 Telephone Number January 13, 2005 Date		Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. _____ Printed Name of Bankruptcy Petition Preparer _____ Social Security Number (Required by 11 U.S.C. § 110(c).) _____ Address _____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. X _____ Signature of Bankruptcy Petition Preparer _____ Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

Delgado Romero, William
PO Box 3079
Juncos, PR 00777-6079

DEPARTMENT OF JUSTICE
FEDERAL LITIGATION DIVISION
PO BOX 9020192
SAN JUAN, PR 00902-0192

SHERING FEDERAL CREDIT UNION
PO BOX 486
MANATI, PR 00674-0486

R. FIGUEROA CARRASQUILLO
ATTORNEY AT LAW
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CAGUAS, PR 00726-0186

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ZALES
THE DIAMOND CARD
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GRAY, TN 37615-9722

AAA
PO BOX 70101
SAN JUAN, PR 00936-8101

HECTOR H COLON ATIENZA ESQ
PO BOX 21382
SAN JUAN, PR 00928-1382

ZALES CREDIT PLAN
PROCESSING CENTER
DES MOINES, IA 50364-0001

AEE
PO BOX 363508
SAN JUAN, PR 00936-3508

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BANKRUPTCY DIVISION
PO BOX 195369
SAN JUAN, PR 00919-5369

ALEJANDRO OLIVERAS ESQ
CHAPTER 13 TRUSTEE
PO BOX 9024062
SAN JUAN, PR 00902-4062

NCO FINANCIAL SYSTEMS OF PR
PO BOX 192478
HATO REY, PR 00919-2478

CAICO
PO BOX 191899
SAN JUAN, PR 00919-1899

PR DEPARTMENT OF TREASURY
OFFICE 424-B
PO BOX 9024140
SAN JUAN, PR 00902-4140

CENTENNIAL DE PR
PO BOX 71514
SAN JUAN, PR 00936-8614

RADIO SHACK
PO BOX 8181
GRAY, TN 37615-0181

CENTENNIAL DE PR
PO BOX 71333
SAN JUAN, PR 00936-8433

RADIO SHACK
PO BOX 9025
DES MOINES, IA 50368-9025

COLLECTION ADVISEMENT ASSOC
PO BOX 195162
SAN JUAN, PR 00919-5162

RELIABLE FINANCIAL SERVICES
PO BOX 21382
SAN JUAN, PR 00928-1382

COOP A/C DEL VALENCIANO
PO BOX 1510
JUNCOS, PR 00777-1510

SAM'S
PO BOX 981064
EL PASO, TX 79998-1064